

TESTIMONY SUBMITTED TO THE LEGISLATURE CHILDREN'S COMMITTEE
SUPPORTING BILLS NO. 877; NO. 878; NO. 879; NO. 6419; NO. 6420

March 1, 2009

My name is Debbie Rodriguez and I want to advocate for reorganization within the Department of Children and Families, hereafter referred to as "DCF".

From the year 2003, my husband Alberto J. Rodriguez, a Family Physician in the Greater Hartford area, and myself have been first hand witnesses of how the system, as it stands right now, is wasting precious resources, time and energy, seldom accomplishing the mandate the State has given DCF, which is to act on behalf of the protection of the children of the State of CT at different levels.

In the year 2003, we came upon a tragic situation in which 10 children were about to be orphaned to a 37 year old mother who was just diagnosed with stage 4 cancer, and whose father was incarcerated out of State. Said mother had been investigated by the Department and Children and Families in the State of Minnesota, and had fled that state to avoid proceedings there. At the time, the DCF office in New Britain was investigating allegations of neglect and abuse against this mother, because she was not sending the children to school, in part because the older children needed to take care of each other – ages 14 years to 6 months old and other founded allegations. This mother had also discharged herself from hospice and had been placed by DCF's New Britain office in a shelter in New Haven with her children. The case was then transferred to the DCF office in New Haven. We became involved and the social workers and supervisors in the case got to know us because we visited these children at the shelter 3 to 4 times a week to assist in their care and their dying mother's care.

In March 2004 this mother died, and prior to her death in late 2003, we received a call from the DCF Supervisor in New Haven, informing us they would take the children into their custody. We had been helping by caring for the youngest child who was 6 months old. We went to the shelter after DCF called us to inform us that Mrs. Barber had been taken by ambulance to Yale New Haven Emergency Room and was very fragile in her health. Upon arrival at the shelter, the DCF supervisor told us we would need to take guardianship of the children if we wanted to take the children with us because otherwise, they would take them. Not knowing there were other alternatives at the time we could choose from to secure future benefits and assistance for these children, my husband went to the ER at Yale to secure the mother's signature and that was the last time we pretty much saw DCF.

Since the beginning of these children's journey, there have been 20 DCF social workers involved of which 7 were supervisors. Every time a new social worker was assigned to the case we had to start literally from scratch as if there were neither history nor a current file on the case. To date, these children have not been able to reach permanency through adoption, mainly, because DCF has dropped the ball through their bureaucracy and inadequate use of their resources. It appears they have spend more effort and resources trying to fight against their responsibility to see through the permanency and continuity of care of these children, as well as taking steps to assist in meeting the specialized needs these children have. Had they invested and channeled their efforts into overseeing the protection and welfare of these children, they would have achieved permanency and stability many years ago. However, and sadly, DCF as of a few weeks ago has decided there is "no case", so they have once again closed the file, closing the doors to children that have the potential of being kept out of the streets and of trouble I our society.

A revamping of the way the system works needs to occur in order to better serve and protect the children of the State of Connecticut.

We could give you much more details to portray a more vivid picture of how this process has left these children unprotected and lacking the permanency that studies show is always in the best interest for the emotional stability of a child. However, I will limit myself to outline specific issues that address some of the inadequacies of the system:

1. Oversight from an outside source is imperative so DCF becomes accountable to someone outside of their own screwed up system. The way policy stands to date impedes any accountability of the ineffectiveness the system breeds consistently. It seems that "tragedy" is what holds them accountable and the cost is too high. Children's lives are being placed at high risk consistently and there is no accountability, beginning with the Commissioner herself.
2. DCF needs to have a more efficient process for decision-making, so that time works in favor of the stability of the children of the State of CT. Right now the way decision-making works in the agency is totally "top heavy", accomplishing nothing for indefinite amounts of time. This only jeopardizes the welfare of children, since their stability and continuity of care gets compromised and lost in the crevices of the process.

We continue to find today that many times, the social workers' hands are tied in making decisions while they are in the field, experiencing the situations because the "top heavy rules and policies" mandate over the day to day common sense many times.

3. DCF needs to make a more concerted effort to provide continuity of support by seeking to avoid the turnover of social workers assigned to the same case. By implementing continuity through the streamlining of a social worker assigned to a specific case and having this worker bring the case to closure, the agency will save money, resources, energy, time, unneeded headaches, and additional emotional scars to the children who already have suffered enough through the trauma of seeing their home life disrupted and many times shattered. Our experience continues to be that every time a new social worker comes into the case, the whole process starts again. This situation repeats itself over and over again, in our case, it has lasted 6 years and continues. Experiencing 20 social workers, some of which never even read the facts from the history and often was referred to by them as the "big file", has caused additional anxiety and trauma in the children and the families that are caring for them. How much post traumatic disorder needs to accumulating in children's lives before concrete steps toward healing begin? **THESE ARE CHILDREN'S LIVES** that morally we cannot afford to allow to be lost in the process of bureaucracy.
4. DCF needs to be proactive in their support to those in the community that step in to assist, aid, and advocate for children that are in high risk situations, instead of operate on a consistent reactive mode waiting for tragedy to strike before action is taken. **MANY TRAGEDIES CAN BE PREVENTED AND USUALLY HAPPEN BECAUSE OF THE LACK OF A PROACTIVE POSTURE ON THE PART OF THE AGENCY. REACTIVE MODE IS THE MODUM OPERANDUM OF DCF as their policies presently read for the most part.**

5. An evaluation of the rules, policies and regulations by which DCF operates need to be revised by an outside source that is able to objectively evaluate its effectiveness and efficiency in achieving the protection and welfare of the children of the State which should be the primary goal of this agency. It seems that "reunification" is a higher mandate for DCF than the protection, stability, and permanency of the children in light of the current policies. Although "reunification", in theory, should generally work in the best interest of children, reality shows that more often than none, the children that come under the custody of DCF, because DCF often operates in a reactive mode rather than proactive, are children in the imperative need of true protection, stability, and permanency. Following policy for the sake of putting of a checkmark on the list of bureaucracy driven rules, will never best serve the children of the State of CT. Each situation is as different as each child born every day, and more weight needs to be given to circumstances and facts rather than policy. Professional Mental Health providers will attest to this fact, especially when it comes to the welfare and stability of children. Reunification needs to be the ideal to reach for, not the mandate!

To date, we testify to 10 children's lives that I can offer as an example of the fallout of the system. I can also offer the testimony of 10 families from the community that have stepped in to serve these children, in an attempt to give them hope and a future, who have been completely abandoned, and at times have been punished by the way the system works. I can further offer you practical examples for each one of the issues I have raised above, with the assurance that you will hear those examples in disbelief.

And it is because of this, that I plead with you to take the task before you seriously as you consider stepping in to reorganize an agency that desperately need intervention. We are a living testimony of how the system as it stands does not fulfill its intent and mandate of protecting the welfare of the children of CT.

I conclude by shouting out loud one word: HELP!!!!

Respectfully submitted,

Debbie Rodriguez Alberto J. Rodriguez, M.D.

26 Coventry Lane

Avon, CT 06001

860-675-6581 – home

860-236-3015 – work

860-841-3429 – cell phone

